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<b>PLANT PATENT APPLICATION (35 U.S.C. 161) DECLARATION (37 CFR 1.63)</b>	Attorney Docket Number	
	First Named Inventor	<i>Pierre Robert Bennerup</i>
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Art Unit	
	Examiner Name	

☒ Declaration  
Submitted  
with Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16(e))  
required)

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) name below to be the original and first inventor(s) of the new and distinct variety of:

*Sanguisorba*

plant named:

*Dali Marble*

which is claimed and for which a plant patent is sought, the specification of which

☒ is attached hereto OR ☐ was filed on (MM/DD/YYYY)  as United States

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim, as amended by any amendment specifically referred to above.

I have asexually reproduced the plant to which this application applies.

☒ Said plant was found in cultivated area (check this box for newly found plant only)

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION - Plant Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">36947</span> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
Address			
City		State	ZIP
Country	Telephone		Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <i>Pierre Robert</i>		Family Name or Surname <i>Bennerup</i>	
Inventor's Signature <i>Pierre Bennerup</i>		Date <i>2/3/04</i>	
Residence: City <i>Berlin</i>	State <i>CT</i>	Country <i>U.S.A</i>	Citizenship <i>U.S.A</i>
Mailing Address <i>Sunny Border Nurseries, Inc.</i>			
Mailing Address <i>P.O. Box 483</i>			
City <i>Kensington</i>	State <i>CT</i>	Zip <i>06037</i>	Country <i>U.S.A.</i>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<input type="checkbox"/> Additional inventors or legal representative(s) are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	
	<b>Filing Date</b>	
	<b>First Named Inventor</b>	Pierre Robert Bennerup
	<b>Title</b>	Plant Named Sanguisorba 'Deli marble'
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	

I hereby appoint:

☒ Practitioners associated with the Customer Number: 36947

OR

☐ Practitioner(s) named below:

Name	Registration Number
Penny J. Aguirre	52,546

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:  

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Pierre Robert Bennerup		
Signature	<i>Pierre Robert Bennerup</i>		
Date	2/3/04	Telephone	800-828-9318

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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